

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



In Application of:
Susan S. Young

METHOD FOR IMPROVING BREAST
CANCER DIAGNOSIS USING
MOUNTAIN-VIEW AND
CONTRAST-ENHANCEMENT
PRESENTATION OF
MAMMOGRAPHY

Serial No. 09/824,602

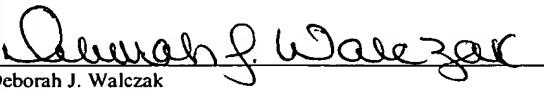
Filed 02 April 2001

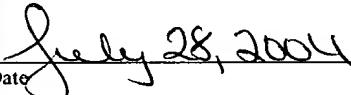
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Group Art Unit: 2623

Examiner: Wesley J. Tucker

I hereby certify that this correspondence is being deposited today with the United States Postal Service as first class mail in an envelope addressed to Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450.


Deborah J. Walczak


Date

RECEIVED

AUG 05 2004

Technology Center 2600

Transmitted herewith is an amendment in the above-identified application:

No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		* HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL	5	MINUS	20	0	X 18	\$0
INDEP	2	MINUS	3	0	X 86	\$0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+ 290		\$0
					TOTAL	\$0

* The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

Please charge my Eastman Kodak Company Deposit Account No. 05-0225 in the amount of \$0.
A duplicate copy of this sheet is enclosed

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Eastman Kodak Company Deposit Account No. 05-0225

A duplicate copy of this sheet is enclosed

Any additional filing fees required under 37 CFR 1.16.

Any patent application processing fees under 37 CFR 1.17.

(For Extensions of Time and other Petitions to the Assistant Commissioner)


Susan L. Parulski/djw
Attorney for Applicants
Registration No. 39,324

Susan L. Parulski/djw
Telephone: 585-477-4027
Facsimile: 585-477-4646